

# How to Add Delegates to the Master Account

Master Account Holders of eKASPER may set up delegates to their accounts to request reports on their behalf. Delegates can only be requested through the master account holder's Administration screens. Delegates may be added automatically without generating any paperwork. Or they may be added through a 'paper' Delegate Request process.

**Click on a step below to quickly jump to that section of this document:**

- [Step 1 – Logon and navigate to administration](#)
- [Step 2 – Navigate to delegate administration](#)
- [Step 3 – Delegate request screen](#)
- [Step 4 – Fill out delegate details](#)

## **Continued steps for Automatic Process**

- [Step 5 - Automatic Add Button](#)
- [Step 6 - Confirmation Page](#)

## **Continued steps for Paper Process**

- [Step 5 - Review Form](#)
- [Step 6 - Verify Changes](#)
- [Step 7 - Close Review Form](#)
- [Step 8 - Submit/Print](#)
- [Step 9 - Confirmed Document](#)
- [Step 10 – Print](#)
- [Step 11 – Confirmation Page](#)

## **Final Step**

- [Step 12 – Repeat or Logout](#)

## **To automatically add the delegate:**

**Step 1:** The master account holder (MAH) must logon to his account and select the 'Administration' link from the navigational menu:

**Request Report - For Single Patient** \* Required Field

**Request Report**  
**Summary Report**  
**Status of Requests**  
**Administration**

For technical support please contact eKAS Helpdesk at 502-564-2703

**Patient / Subject Details**

First Name \*  Last Name \*   
 ID Type  SSN \*   
 DOB(mm/dd/yyyy) \*  [Click here for Aliases](#)

**Patient / Subject Address Info**

Address \*  City \*   
 State  Zip Code   
[Click here for Other Addresses](#)

**Report Details (Date in mm/dd/yyyy format)**

From Date \*    
 To Date \*    
 Facility   
 Email Notification

**Interstate Requests:**  
[\(Help\)](#)  
[Click here for Other States](#)

[Top of Page](#)

**Step 2:** You may either click “Delegate Administration” in the navigational menu or click the Add Delegate hyper-link:

**Account Maintenance**

**Delegate Administration**

**Home Page**

**Master Account Information**

First Name	Last Name	Login Name	Phone	Status	View Delegate Details	View Details
IMA	DOCTOR	bIMA1.DOCTOR	(555) 765-4321	Active		<a href="#">Select</a>

**Delegate Account Information**

No Delegates Found [Add Delegate](#)

**Prescribing Report Request**

**NOTE: Please call the business office at (502) 564-2815 for a report on any other DEA numbers**

**Report Details (Date in mm/dd/yyyy format)**

Report for Prescriber DEA #: DE0183402

From Date \*   To Date \*

[Top of Page](#)

**Step 3:** Clicking either link re-directs you to the Delegate Request screen. Delegate screens may vary slightly in appearance and requirements, depending on the account type:

**Section (a): Personal Information**

The delegate’s personal information is **required** for this section

Account Maintenance  
 Delegate Administration  
 Home Page

**Delegate Request**

Please READ the instructions! Most questions are answered here. [Print Instructions](#)

**Personal Information**

First Name\*   
 DOB\*   
 ID Type\*   
 Degree   
 State Issued

Last Name\*   
 Account Type   
 ID\*   
 Last 4 digit SSN\*

Email Address\*   
 Mother's maiden name\*   
 Address\*   
 City\*  State  Zip Code\*   
 Home Phone\*  Requests Per Day  Email Notification

**Facility Information**

Name	Phone	Fax	Address	City	State	Zip	Select	Active
GENERAL HOSPITAL	(555) 222-3300	(555) 222-4040	FACILITY LOCATION	CITY	KY	44444	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEALTH CLINIC	(555) 777-8800	(555) 777-9090	CLINIC ADDRESS	CITY	KY	44444	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**Delegate Roles**

☒ Request ☒ View/Print

Click the 'Automatically Add Delegate' button for adding delegate immediately and without paper work. If you cannot use this option, you will need to print out the hard-copy application and Terms of Account Use Agreement and follow the instructions per the 3rd page.

Automatically Add Delegate

Review Form

Submit / Print Application

### Section (b): Professional Information

(1.) The delegate's professional information is **optional** for the following account types:

Prescriber:

Pro Lic. /Reg #

DEA#

ARNP:

Pro Lic. /Reg #

Pharmacist:

Pro Lic #

(2.) The delegate's professional information is **required** for all Law Enforcement and CHFS (Medicaid/OIG) delegates. A drop-down box allows for Badge or Employee ID to be selected as the ID type for the Law Enforcement delegates:

Law Enforcement:

Law Enf ID

Badge#

CHFS:

Employee ID*	
--------------	--

(3.) Delegates for Judges do not have a requirement for additional professional information.

**Section (c.): Facility Information**

The delegate uses the same facility information as the MAH—it is already on the screen when the screen is opened. Some MAHs have multiple facilities. All active facilities under the MAH's account are checked for the delegate. If the master account holder does not want a delegate to request reports from a particular facility, he must un-check the 'Active' box next to that facility.

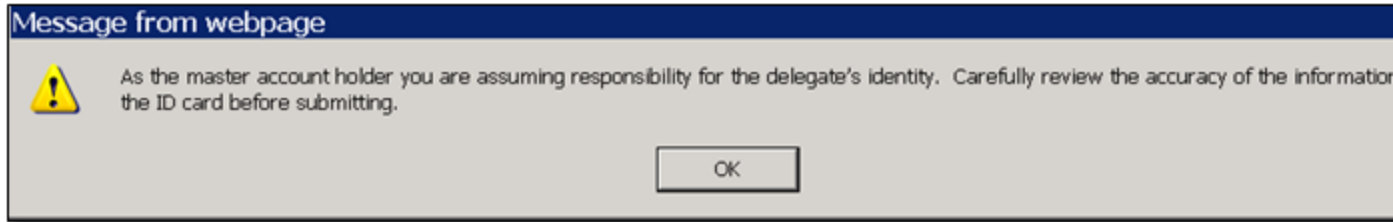
[Top of Page](#)

**Step 4:** Enter the delegate's information. Asterisks will indicate which fields are required:

Delegate Request					
<b>Please READ the instructions!</b> Most questions are answered here. <a href="#">Print Instructions</a>					
<b>Personal Information</b>					
First Name*	Dale	Last Name*	Gate		
DOB*	01/01/1950	Account Type	Prescriber		
ID Type*	Driver's License	ID*	098-765-432		
Degree		Last 4 digit SSN*	7777		
State Issued	KY				
Email Address*	ekasperhelp@ky.gov				
Mother's maiden name*	Mom				
Address*	Delegate Address				
City*	City	State	KY	Zip Code*	44444
Home Phone*	555	123	4567	Requests Per Day	100
				Email Notification	None

Please note:

- Only the last four digits of the SSN are required. SSN is used for identification purposes.
- ID Type defaults on Driver's License; State Issued defaults on KY. If driver's license is used as the ID Type (and the state issued is KY), the driver's license will be checked against the Kentucky Department of Transportation's database.
- If the delegate has an out-of-state driver's license, or if "Other Type" is selected the ID Type, there cannot be verification for the delegate against the Ky. Dept. of Transportation. The master account holder will then receive a message requiring him/her to assume responsibility for the delegate's identity:



[Top of Page](#)

**Step 5:** If the delegate's information has been entered, click the Automatically Add Delegate button. If the information provided in the fields does not exactly match the information provided by the Ky. Dept. of Transportation, a message will be received stating there could not be a match found (see below). Verify that all information is correctly entered, make any corrections necessary, and click the Automatically Add Delegate button again.

Delegate Request									
Could not find any match for name, address, and Driver's License in the system. If you are unable to resolve this issue, continue to the paper process. An application form will be generated in a separate window. You will be required to print out this form and follow the instructions per the 3rd page.									
Please READ the instructions! Most questions are answered here. <a href="#">Print Instructions</a>									
<b>Personal Information</b>									
First Name*	<input type="text" value="Dale"/>			Last Name*	<input type="text" value="Gate"/>				
DOB*	<input type="text" value="01/01/1950"/>			Account Type	<input type="text" value="Prescriber"/>				
ID Type*	<input type="text" value="Driver's License"/>			ID*	<input type="text" value="D98-765-432"/>				
Degree	<input type="text"/>			Last 4 digit SSN*	<input type="text" value="7777"/>				
State Issued	<input type="text" value="KY"/>								
Email Address*	<input type="text" value="ekasperhelp@ky.gov"/>								
Mother's maiden name*	<input type="text" value="Mom"/>								
Address*	<input type="text" value="Delegate Address"/>								
City*	<input type="text" value="City"/>	State	<input type="text" value="KY"/>	Zip Code*	<input type="text" value="44444"/>				
Home Phone*	<input type="text" value="555"/>	<input type="text" value="123"/>	<input type="text" value="4567"/>	Requests Per Day	<input type="text" value="100"/>		Email Notification	<input type="text" value="None"/>	
Pro Lic. /Reg #	<input type="text"/>								
DEA#	<input type="text"/>								
<b>Facility Information</b>									
<b>Name</b>	<b>Phone</b>	<b>Fax</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Select</b>	<b>Active</b>	
GENERAL HOSPITAL	(555) 222-3300	(555) 222-4040	FACILITY LOCATION	CITY	KY	44444	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
HEALTH CLINIC	(555) 777-8800	(555) 777-9090	CLINIC ADDRESS	CITY	KY	44444	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Delegate Roles</b>									
<input checked="" type="checkbox"/> Request <input checked="" type="checkbox"/> View/Print									
Click the 'Automatically Add Delegate' button for adding delegate immediately and without paper work. If you cannot use this option, you will need to print out the hard-copy application and Terms of Account Use Agreement and follow the instructions per the 3rd page.									
<input type="button" value="Automatically Add Delegate"/>									

NOTE: If the message continues despite corrections, the Driver's License verification can be turned off by selecting '---other type---' in the ID Type drop-down field; you will still need to enter the delegate's license information in the ID text field. Click 'OK' to the message requiring the master account holder to assume responsibility for the delegate's identity, then click the Automatically Add Delegate button again.

[Top of Page](#)

**Step 6:** When the delegate has been automatically added/approved, a confirmation screen will be received:

Confirmation
The delegate has been approved.
If the delegate has never had an existing account, the delegate should receive two emails with user name assignment and password (one is titled "Welcome to eKASPER"; the other is "Password and instructions for accessing eKASPER") to the email address provided during the Delegate Request process.
If the delegate has a previous delegate account, only the instructions email will be received.
<a href="#">Submit another delegate request</a>

[Top of Page](#)

### **To request a delegate account using the ‘paper’ process:**

The following will be required to produce the hard-copy application and Terms of Account Use documents in the “paper” Delegate Request process:

- Our users must use Internet Explorer, 5.5 or higher (other browsers, such as Google Chrome, Safari, Opera, or AOL Desktop are not supported by our application). We also allow for Mozilla Firefox, version 12 or higher to support our application. Younger versions of Firefox are not compatible.
- Our users must allow pop-ups and cookies from our site. By adding our domain name of <https://ekasper.chfs.ky.gov> to Trusted Sites and/or to Pop-up Blocker Settings in Internet Options, this will resolve the pop-up blockers within Microsoft Windows. This will not turn off pop-up blockers from other sources (such as the Yahoo! or Google toolbars). The Privacy setting in Internet Options should be set no higher than Medium. The Temporary Internet Files and History Settings in Internet Options should be set to “Automatically” check for newer versions of stored pages.
- Certain mal-ware and anti-spyware may contain elements that prevent cookies from being accepted from our website. Microsoft Defender is one of these products. If you are using Microsoft Defender, please disable it.
- Our users must have Adobe Acrobat Reader, as our reports must open in .pdf. Sometimes, other products may be simultaneously installed with many versions Adobe Reader, such as Google Chrome, Google Chrome toolbar, Adobe AIR or Adobe Manager. Some of these products may interfere with the reports window opening. Multiple versions of Adobe Reader (for instance, having both Adobe Reader 9 and X) will also interfere with the reports window opening.
- If your .pdf window opens blank (or grey), close the window, then re-open. If the issue continues, you might want to visit the following troubleshooting site for Adobe: <http://helpx.adobe.com/acrobat/kb/cant-view-pdf-web.html>



**Follow Steps 1 through 4 listed in the “To automatically add the delegate” section**

**Step 5:** Click the ‘Review Form’ button.

Delegate Roles		
Request	View/Print	
<b>Review Form</b>	Submit / Print Application	Reset

[Top of Page](#)

**Step 6:** A separate (Adobe) window should “pop-up” containing a document titled “REVIEW FORM—DO NOT SUBMIT”. Please check the form for any necessary corrections!

 						
<b>REVIEW FORM - DO NOT SUBMIT</b>						
<b>PERSONAL INFORMATION</b>						
Name:	Del Egate		SSN:	987654321	DOB:	01/01/50
Address:	Address					
City:	City		State:	KY	Zip:	44444
Email Address:	delegate@emailaddress.com		Home Phone Number:	(555) 400-3000		
ID / Driver's License Number:	DL1-200-300	KY	Mother's Maiden Name:	Smith		
<small>Your home address will be verified using the address as printed on your driver's license. Please note Kentucky State Law requires that your home address be accurate and allows 10 days for any change of address with the Department of Transportation.</small>						
<b>PROFESSIONAL CREDENTIALS</b> <small>(Applicable by account type - See instructions for specific requirements)</small>						
Prof Lic / Reg. #:	PL 506070					
<b>WORK INFORMATION</b> <small>(Note: Only one location is printed; however, all locations will be verified.)</small>						
Work Location Name:	GENERAL HOSPITAL					
Address:	FACILITY LOCATION					
City:	CITY		State:	KY	Zip:	44444
Work Phone Number:	(555) 222-3300		Fax Number:	(555) 222-4040		
Area of Work / Specialty:	N/A		Title / Degree:	N/A		
<b>SIGNATURES</b>						
<small>By signing below I certify that all the information provided above is true and correct. I understand KASPER provides protected health information. Inappropriate use of KASPER information is punishable under state and federal law.</small>						
Applicant's Signature:					Date:	
Supervisor Name:	IMA DOCTOR					
Supervisor's Signature:					Date:	
<small>Notary Statement: I have verified the identity of the applicant listed above and witnessed the applicant's signature.</small>						
Notary Name: <small>(Please print)</small>			State at Large:		Seal	
Notary Signature: <small>(Required)</small>						
My Commission Expires:						
<b>FOR OFFICE USE ONLY</b>						
Account Type:	Prescriber	Access Level:	Delegate	Submit Date:	06/24/08	
Status:		Processed By:		Process Date:		

To make corrections:

- Close the Review Form window
- Make the necessary corrections in the proper boxes



- Click the Review Form button again and re-examine the document to ensure the changes were made

[Top of Page](#)

**Step 7:** If no corrections are necessary, click the 'X' in the upper right-hand corner of the Adobe window with the REVIEW FORM document:

**REVIEW FORM - DO NOT SUBMIT**

**PERSONAL INFORMATION**

Name:	Del Eggle	SSN:	987654321	DOB:	01/01/80
Address:					
City:	City	State:	KY	Zip:	40444
Email Address:	delagate@gmail.com		Home Phone Number: (555) 400-3000		
ID / Drivers License Number:	DL1-200-300	KY	Licenses Validity Name: D108H		

Your home address will be verified using the address on record in our client's license. Please note Kentucky State law requires that you have address in Kentucky and within 15 days for any change of address with the Department of Transportation.

**PROFESSIONAL CREDENTIALS** (Required to proceed - for entities for quality improvement)

Prof. Lic. / Reg. #:	PL 500070		
----------------------	-----------	--	--

**WORK INFORMATION** (Required to proceed - for entities for quality improvement)

Work Location Name:	GENERAL HOSPITAL				
Address:	FACILITY LOCATION				
City:	CITY	State:	KY	Zip:	40444
Work Phone Number:	(555) 222-3300	Fax Number:	(555) 222-4040		
Area of Work / Specialty:	N/A	Title / Degree:	N/A		

**SIGNATURES**

To sign online with this or the alternative printed document, click and drag your mouse to sign. To print a hard copy, click the 'Print' button. To print a hard copy, click the 'Print' button. To print a hard copy, click the 'Print' button.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[Top of Page](#)

**Step 8:** Click the 'Submit/Print Application' button:

**Delegate Roles**

☐ Request ☐ View/Print

[Top of Page](#)

**Step 9:** The Adobe window reopens, with the required hard-copy application form for the delegate. The bar code in the top-right corner of the document has the delegate's confirmation number printed below:

http://ekasper2005/Delegate/DelegateShow.aspx - Microsoft Internet Explorer

Click to increase the magnification of the entire page

**Kentucky**  
UNBROKEN SPIRIT

18595  
Confirmation number

### APPLICATION FORM FOR ACCESS TO KASPER DATA

**PERSONAL INFORMATION**

Name:	Del Egate			SSN:	987654321	DOB:	01/01/50
Address:	Address						
City:	City			State:	KY	Zip:	44444
Email Address:	delegate@emailaddress.com			Home Phone Number:	(555) 400-3000		
ID / Driver's License Number:	DL1-200-300	KY	Mother's Maiden Name:	Smith			

Your home address will be verified using the address as printed on your driver's license. Please note Kentucky State Law requires that your home address be accurate and allows 30 days for any change of address with the Department of Transportation.

**PROFESSIONAL CREDENTIALS** (Applicable by account type - See instructions for specific requirements)

Prof Lic / Reg. #:	PL 506070		
--------------------	-----------	--	--

**WORK INFORMATION** (Note: Only one location is printed; however, all locations will be verified.)

Work Location Name:	GENERAL HOSPITAL		
Address:	FACILITY LOCATION		
City:	CITY	State:	KY Zip: 44444
Work Phone Number:	(555) 222-3300	Fax Number:	(555) 222-4040
Area of Work / Specialty:	N/A	Title / Degree:	N/A

[Top of Page](#)

**Step 10:** Print out the APPLICATION FORM FOR ACCESS TO KASPER DATA and Terms of Account Use documents from within the Adobe window:

http://ekasper2005/Delegate/DelegateShow.aspx - Microsoft Internet Explorer

Click to print this PDF file or pages from it

**Kentucky**  
UNBROKEN SPIRIT

18595

### APPLICATION FORM FOR ACCESS TO KASPER DATA

**NOTE:** A third page of instructions accompanies the application. They explain what to do with the printed documents.

[Top of Page](#)

**Step 11:** The Delegate Request screen has now changed to the confirmation screen:

Confirmation

18595 is this delegate's Account Request Number

Please have the delegate add [ekASPERHelp@ky.gov](mailto:ekASPERHelp@ky.gov) to their email address book so that they receive your emails with username assignment and password. Advise the delegate that if they do not receive these messages within 7 days, they should contact the ekASPER Help Desk at the email address above or by phone at (502) 564-2703.

Remember that both you and your delegate must sign the application, Terms of Account Use and mail all supporting documentation according to the instructions within 90 days.

[Submit another delegate request](#)

[Top of Page](#)

**Step 12:** You may now either: [Submit another delegate request](#) OR, [Log Out](#)

